

**Virginia Department of Health
Office of Purchasing & General Services
Temporary Parking Assignment**

A completed copy of this form must be attached to the approved application for a parking permit.

I accept this parking space decal with the full understanding that it is being temporarily assigned, and I agree to the following conditions:

1. The space may be recalled with a minimum of two (2) week's notice from the Director, Office of Purchasing and General Services
2. I agree to pay the fee established by the Department of General Services, currently \$49 per month, for each month I possess the decal. The fee is to be paid in advance at the first work day of each month. The Office of Financial Management is to receive the payment.
3. The decal must be returned when I am no longer employed by, or under contract to, the Virginia Department of Health.
4. I accept responsibility for the monthly fee until such time as I return the decal.
5. I am responsible for the payment of the \$15 fee for the replacement of a lost or destroyed decal.

Print Name: _____ Office Phone: _____

Signature: _____ Date: _____

Office/Division: _____ Room _____

Supervisor's Name: _____

DGS Lot Number _____

Hangtag Number _____

Approved by: _____ Date _____